

## The Pay-for-Performance Conundrum and the ACR

Significant changes to physician reimbursement are occurring rapidly, and more are looming on the horizon. Some portion of payment will be based on achievement of performance standards, a practice commonly referred to as pay for performance. Private payers have begun rewarding primary care physicians for practices that adhere to quality and efficiency standards, use information technology, and result in high patient satisfaction. These payment incentives are beginning to be extended to medical specialties as well. Public payers such as Medicare are close behind.

The ACR staff has developed a white paper to describe pay for performance, its importance to the College and the organizations involved in developing it; ACR's activities to date; the urgency that recent developments with Centers for Medicare and Medicaid Services (CMS), other payers, and Congress have created in this area; and the steps the ACR must take to ensure that radiologists are remunerated fairly as physician reimbursement becomes based, in part, on performance. The paper will be published in its entirety in an upcoming issue of the *Journal of the American College of Radiology (JACR)*.

After reviewing the pending requirements of public and private payers as well as the level of involvement of comparable medical specialty societies as set forth in the white paper, the ACR Work Group on this issue has made the following nine recommendations to enable the College to prepare itself and the membership to meet successfully the challenges achieving these performance standards.

### ACR WORK GROUP RECOMMENDATIONS

1. The ACR should educate, inform, and energize the membership on the importance and urgency of performance measure development, to include:
  - a. a dedicated section on the ACR Web site—including a webcast with leadership and others discussing pay for performance—to keep the membership informed of the College's goals, efforts, and progress;
  - b. a primary focus of an educational campaign by creating a brief presentation on pay for performance for use during fiscal year 2007 chapter visits;
  - c. regular articles in the *JACR*, starting with a full or condensed version of this white paper; and
  - d. a regular section in the *Bulletin*, including items such as Q&As, with Quality and Safety staff taking the responsibility for content.
2. The level of ACR member participation must significantly increase in the pay-for-performance activities in which the College is currently involved or monitors, including representing the ACR at national meetings, participating in measure development, and working with staff of other organizations such as the AMA Physician Consortium for Performance Measurement, the Ambulatory Care Quality Alliance, and the National Quality Forum. Staff must monitor CMS and private payer activity and trends.
3. The ACR performance measurement and pay-for-performance activities should be coordinated by the chair of the Commission on Quality and Safety.
4. The Imaging Provider Report Card Work Group should be made a subcommittee of the Metrics Committee under the direction of the chair of the Commission on Quality and Safety and should include additional members with economics expertise if needed.
5. As soon as possible, one or more performance measures should be chosen that can be specified and tested by December 2006. This activity can be facilitated by:
  - a. issuing a call via the ACR Web site for existing measures or data collection that members may already be using in response to the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or other mandates. Such existing measures could be used at a national level if already tested.
  - b. creating, by the end of August 2006, a prioritized list of measures that will be developed by the ACR during fiscal year 2007.
6. The ACR must commit adequate staff resources for the long term. As structure within the ACR is developed and activities increase, additional staffing will be needed.
7. The ACR should convene a summit, chaired by Executive Director Harvey L. Neiman, MD, with all radiology subspecialty societies to discuss pay-for-performance activities, roles, and coordination so that radiology speaks with one voice and does not duplicate efforts. The Intersociety Summer Conference may provide the optimal venue for this discussion.
8. Resources should be devoted to develop and market the National Radiology Data Registry and other appropriate registries that will produce accurate data for use in creating performance measures and benchmarks.
9. Resources should be devoted to interaction with manufacturers and vendors of order-entry systems, radiology information systems, and electronic medical records, as well as information development work at the ACR, to enable Appropriateness Criteria® and RADPEER™ to be embedded in users' health care information systems. Such an initiative may be facilitated through collaboration with the National Electrical Manufacturers Association. ■